## **CLAIMS ONLY**

 SERIAL NO.
 FILING DATE

 099943576
 08-30-01

 APPLICANT(S)

CLAIMS

| _ [             | AS F           | ILED   | AF<br>1st AME                                    | TER<br>NDMENT                                    | AFT<br>2nd AMEI                                  | ER<br>NDME                                       |
|-----------------|----------------|--|--|--|--|--|
|                 | IND.           | DEP.   | IND.   | DEP.   | IND.   | DEP.   |
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| 2               |                | 1  |  |  |  |  |
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| 10              |                |  | 1  |  |  |  |
| 11              |                | <del>                                     </del> | <del>                                     </del> | <b>†</b>   |  |  |
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| 13              |                | <del>',</del>                                    |  | <b></b>  |  |  |
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| 30              |                |  | T  |  |  | 1  |
| 31              |                |  | 1  |  |  |  |
| 32              |                | 1  | 1  | 1  | 1  | 1  |
| 33              | <b>†</b>       | 1  | 1  | 1  | 1  | +  |
| 34              |                | <del> </del>                                     | +  | †  | +  |  |
| 35              | 1              | +  | +-   | +  | 1  |  |
| 36              | <del> </del>   | 1  | +  | +  | +  | +  |
| 37              |                | 1  | 1  | 11.7   | -  | +  |
| 38              | 1              | +  | +  | +-   | +  | +  |
| 39              | <del> </del>   | +  | +  | +  | <del> </del>                                     | +  |
|                 | <del> </del> - | <del> </del>                                     | +  | +  | <del> </del>                                     | +  |
| 40              | <del></del>    | +  | +  | -  | <del> </del>                                     | +  |
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| 47              |                |  |  |  |  |  |
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| 50              | <b>†</b>       | 1  | 1  | <del> </del>                                     | 1  | <b>†</b>   |
|                 | 1              | +-   | +  | +_   | †  | + -  |
| TOTAL<br>IND.   | 2              | J ↓  | <u> </u>   | <b>」</b> ↓                                       |  | J <u>↓</u>                                       |
| TOTAL<br>DEP.   | 16             | -  |  | -  |  | -  |
| TOTAL<br>CLAIMS | 17             | 7  |  | 7  | +  | T  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-2022** (1-98)

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